

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Alliance for a Better Minnesota

(b) Address (number and street) ☐ check if different than previously reported

1600 University Ave. W. suite 309B

(c) City, State and ZIP Code

saint Paul

MN

55104

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
09 / 10 / 2008

through

M M / D D / Y Y Y Y  
09 / 12 / 2008

### 5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title TV Ad: Straight Talk

09 / 02 / 2008

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Denise Cardinal

(b) Address (number and street)

1600 University Ave. W

(c) City, State and ZIP Code

saint Paul

MN

55104

(d) Name of Employer or Principal Place of Business

alliance for a Better Minnesota

(e) Occupation

Executive Director

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

150000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

denise cardinal

SIGNATURE Electronically Filed by denise cardinal

DATE 09/11/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

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